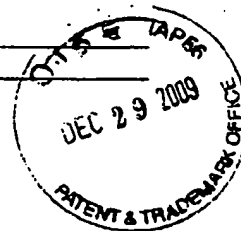




Serial No.: 10/527,812
Applicant: EVRARD et al
Title: Processing Activity
Masking ...

Atty: 505
Date: 12/29/09
Client: 550
Ref: 619

____ Amendment
____ Pages Specification
____ Claims
____ Sheets Drawings: Formal _____
____ Informal _____
____ Declaration (_____ Pages)
____ Assignment
____ Priority Document
____ Base Issue Fee Transmittal
\$180 Fee: ☐ Check ☒ Credit Card



Other: Request for Reconsideration w/ Cover;
IDS, 1 to 5B/8a & 1 Ref.

IN UNITED STATES PATENT AND TRADEMARK OFFICE
before the Board of Patent Appeals and Interferences

In re Patent Application of

Atty Dkt. 550-619

EVRARD et al.

C# M#

Serial No. 10/527,812

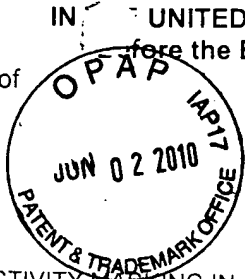
TC/A.U.: 2183

Filed: June 14, 2005

Examiner: K. Vicary

Date: December 29, 2009

Title: PROCESSING ACTIVITY MASKING IN A DATA PROCESSING SYSTEM



Mail Stop Appeal Brief - Patents

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

☐ **Correspondence Address Indication Form Attached.**

☐ **NOTICE OF APPEAL**

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences
from the last decision of the Examiner twice/finally rejecting
applicant's claim(s).

\$540.00 (1401)/\$270.00 (2401) \$

☐ An appeal **BRIEF** is attached in the pending appeal of the
above-identified application

\$540.00 (1402)/\$270.00 (2402) \$

☐ Credit for fees paid in prior appeal without decision on merits

-\$ ()

☒ A request for reconsideration is attached.

(no fee)

☐ Petition is hereby made to extend the current due date so as to cover the filing date of this
paper and attachment(s)

One Month Extension \$130.00 (1251)/\$65.00 (2251)
Two Month Extensions \$490.00 (1252)/\$245.00 (2252)
Three Month Extensions \$1110.00 (1253)/\$555.00 (2253)
Four Month Extensions \$1730.00 (1254)/\$865.00 (2254) \$

☐ "Small entity" statement attached.

Less month extension previously paid on

-\$ ()

TOTAL FEE ENCLOSED \$ 0.00

Any future submission requiring an extension of time is hereby stated to include a petition for such time extension.
The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or
asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this
firm) to our **Account No. 14-1140**. A duplicate copy of this sheet is attached.

901 North Glebe Road, 11th Floor
Arlington, Virginia 22203-1808
Telephone: (703) 816-4000
Facsimile: (703) 816-4100
SCS:kmm

NIXON & VANDERHYTE P.C.
By Atty: Stanley C. Spooner, Reg. No. 27,393

Signature: 